ReelIX STT™
Knotless Anchor System
The ReelX STT knotless anchor features an incremental tensioning mechanism, which allows for patient specific tissue tensioning during arthroscopic rotator cuff repair. The PEEK body of the anchor expands with each incremental turn of the black knob on the inserter handle, expanding up to one additional millimeter in diameter under the cortical surface. The expanding body of the ReelX STT is designed to provide enhanced fixation. The anchor also features a proximal PEEK eyelet designed to help protect the tuberosity from suture damage during tensioning.

Simplicity was important when designing the ReelX STT. Working suture is loaded through the use of pull tabs that are securely attached to the inserter handle. The ReelX STT also features a sharp metal tip, making instrumentation to aid in insertion optional.

Features and Benefits

- PEEK anchor body expands up to one full millimeter in diameter under the cortical surface.
- Sharp metal tip designed to allow anchor insertion with or without instrumentation.
- Incremental tensioning system designed to allow patient specific tissue tensioning and greater control over the repair.
- Proximal PEEK eyelet is designed to help protect against tuberosity damage.
Options & Quick Steps:

4.5mm Anchor
Load up to four tails of working #2 suture through the anchor by first passing two suture tails through either black suture-threading pull tab. Pull that tab along the length of the inserter shaft, threading the sutures through the anchor. Repeat with the remaining pull tab for the second set of suture tails.

If using only two tails of working #2 suture with the 4.5mm ReelX STT anchor, discard one pull tab, leaving the other to thread both suture tails through the anchor.

5.5mm Anchor
Load up to two tails of working #2 suture through the anchor by using the black suture threading pull tab.

While maintaining slight tension on the suture limbs, slide the anchor down to the bone at the desired insertion site. Ensure that each strand of working suture has an equal amount of slack prior to inserting the anchor into the bone. For hard bone, remove any excess suture slack between the anchor and tissue by gently pulling on the tail ends of the suture. In instances of soft bone, it may be beneficial to leave slack in the working suture, as it will provide more suture for spooling, which will increase the expansion of the PEEK anchor body under the cortical surface. Mallet the anchor in until it is flush with the cortical surface of the bone.

Release the tether suture from the inserter handle.

While holding the yellow end of the inserter handle, rotate the black knob clockwise a minimum of one revolution to spool excess suture into the anchor. A maximum of three complete revolutions can be made. The implant has one locking point for every 60º of rotation of the black knob, and advances approximately 1.5mm of suture for every 60º of rotation. After achieving the desired suture tension, disengage the anchor inserter by pulling back on the yellow handle. Additional tension may be applied to the suture by re-engaging the inserter shaft into the implanted anchor and continuing to rotate the black knob clockwise.
A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery.

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